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STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER		The Conde News	
2. DATE		9-27-06	
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE \$ 25 in State / \$30 out of State	
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) PO Box 102, Conde, Spink County, South Dakota 57434-0102			
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) PO Box 102, Conde, Spink County, South Dakota 57434-0102			
6. FULL NAME OF PUBLISHER: Tina M. Sanderson			
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) FULL NAME Brian & Tina M. Sanderson COMPLETE MAILING ADDRESS PO Box 102 Conde, SD 57434-0102			
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. Farmers State Bank PO Box 128 Turton, SD 57477-0128			
9. EXTENT AND NATURE OF CIRCULATION		AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)		350	350
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and counter sales.		76	78
2. Mail Subscription (Paid and or requested)		225	228
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)		301	306
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS		0	0
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		301	306
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing		49	44
2. Return from News Agents		0	0
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)		350	350

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

I swear that the statements made by me are true.

(Signature)

correct, and complete.

(Title)

State of South Dakota

1

County of ~~Franklin~~

2

Seal

Sworn to before me this 29 day of Sept . 2006

Gamala Carrici
Notary Public

Notary Public

My commission expires: 1-31-2012